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## **School violence in the Canadian context: An overview and model for intervention**

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**Abstract.** School violence and the incidence of violent crimes among Canadian youth is seen to be increasing. While more research is being conducted in the area of school violence little has previously been done to examine psychopathology as a possible factor influencing violent student behavior. A recent study conducted by Carter (1998) using the Behavior Assessment System for Children and a structured interview showed a high incidence of psychopathology among violent junior high male students. A comprehensive model for intervention is described in which several factors are presented. Implications of current research includes the need to develop intervention strategies that are consistent with diagnostic findings and the need for early identification and intervention before behavior patterns become fixed in adolescence.

**Keywords:** school violence, intervention, Canada, violent youth crime

The topic of school violence has become a major recurrent theme in both the news and entertainment media. It is also seen to be a real and growing concern among educators, students, and parents. Along with the concern, several explanations have been postulated for the phenomenon of school violence, including sociological and cultural factors, school structure and size, teaching and discipline methods, and family and child rearing practices. One area that has not been researched extensively is the role of psychopathology in school violence.

Bibby and Posterski (1992) have examined the incidence of school violence in Canadian schools. Bibby and Posterski's (1992) report on a survey of 4000 Canadian high school students found that 45% of the teenagers they surveyed knew someone who had been physically attacked at school. They went on to state, "The source and stimulus of the violence that occurs in schools flows out of the culture that cradles the school. When there is less sanction of violence in society, there will be less violence in our schools" (p. 229). Others agree that school violence only mirrors the larger problem of violence in society (Evans & Evans, 1985; Lal, Lal & Achilles, 1993), and is a product of society's long history of violence (Rich, 1992). Curcio and First (1993) point out that for many children schools are the places of greatest safety, with much more violence occurring outside of school than within. Sensational media reports and poorly designed studies which only look to

confirm the school violence "crisis" may mislead both the general public and professionals into believing that school can be a more dangerous place than is warranted (Furlong & Morrison, 1994). In fact, West (1994) stated that the media is to blame for the general public perception of adolescent and school violence. These types of sensational stories are thought to sell newspapers, increase television news ratings, and make for popular dramatic entertainment. Despite this view that the media are making out violence among young people to be bigger than it really is, Hranitz and Eddowes (1990) maintain that violence has reached a crisis level in society.

A recent report by the Canadian Panel on Violence Against Women (Marshall & Vaillancourt, 1993) suggested that Canadians do not have an accurate perception of the enduring repercussions of violence. An increase in the rate of violent crime convictions among 12 to 17 year-old Canadians between 1986 and 1994 has been noted (Hornick, Caputo, Hastings, Knoll, Bertrand, Paetsch, Schroder & Maguire, 1996). In addition, Smith, Bertrand, Arnold and Hornick (1995) found that 56 percent of junior and senior high students who responded to a questionnaire admitted to committing some form of delinquent behavior, primarily punching, kicking or slapping another person in anger. It was also indicated that 28 percent of the students surveyed admitted to carrying at least one weapon to school in the past year.

An indication of the severity of violence among Canadian youth may be extrapolated from youth crime statistics. These statistics may well be an underestimate of school violence since assaults in schools are often dealt with internally and never reach the criminal justice system. Crime statistics for the Province of Alberta reveal that between 1986-87 and 1992-93 youth crimes were seen to rise rapidly, sexual assaults rose 221% to 244 cases, assaults with weapons rose 144% to 491, and minor assaults rose 120% to 1240 (McConnell & McKeen, 1994). Statistics Canada indicated that between 1979 and 1991 arrests of youths for all violent crimes rose 139% to 26,827. For minor assaults between 1983 and 1991, arrests increased 250%, to 14,521 (McConnell, 1994). Despite the debate on whether violence is or is not on the increase, such statistics clearly point to a problem with violence for youth. However, Furlong and Morrison (1994) cautioned that while violence is a problem, statistics on school violence might be misleading. The data gathered has generally come from victim self-reports, questionnaires asking how often students have been victimized, or questionnaires asking students, parents or teachers their opinions about violence. Such studies tend to have a preconceived bias, that is, expecting school violence to be a major problem. Furlong and Morrison also point to a recent study which shows fewer grade 10 students (8.1%) reporting feeling unsafe at school in 1990 than did in 1980 (12.2%).

### Research on school violence

A computer search of the PsychLit Database for the time period ranging from January of 1987 to March of 1994 produced only 10 references to the term "school violence". Most of these studies referred to school prevention programs and a discussion of the apparent increase in school violence. A more recent search of the ERIC Database (January 1982–December 1998) revealed 197 references to school violence. For the most part such articles (a) discuss the increase or prevalence (or perception of an increase) of school violence, (b) discuss factors that must be taken into account when studying the problem, (c) propose action which can be taken at the school level to reduce violence. Literature, which presents statistics typically, does so by referencing government studies. The study most frequently cited is the National Institute of Education's 1978 report, *Violent schools-safe schools: The safe school study report to Congress*. Other reports tend to be based on surveys of school districts or school administrators and interviews with other experts in the field (Miedzian, 1991).

In 1983 a report by the United States Department of Justice (Toby, 1983) summarized the existing knowledge related to school violence. It was found that students and teachers were more likely to lose property in school through theft than through robbery. Assaults were more violent in large urban schools; and assaults and robberies were twice as prevalent in junior high schools compared to high schools. Ten years later, research conducted by Quarles (1993) once again found that students in junior high schools experience more violence than do students in high schools.

In summary, the relevant studies identified tended to discuss definitions, prevalence, and prevention of school violence. Statistics were often limited to type and number of offenses. Other research, which was not school specific, showed negative behavior in children to be related to their relationship with their parents or parental characteristics. Highly aggressive and violent teenagers were seen to have fewer problem solving skills and different perceptions of the legitimacy of violence than did non-aggressive teens.

After an exhaustive review of the literature in the area of school violence it was concluded that psychopathology of students had not been extensively addressed as a contributing factor. It appeared to be an important and neglected area of research that could potentially provide insight into violent behavior in the school context. One longitudinal study examined psychiatric disorders in a group of children taken from the general population from 4 to 11 years of age (Verhulst, Eussen, Berden, Sanders-Woustra & Van Der Ende, 1993). Parents completed the Child Behavior Checklist for their children at 2-year intervals over a period of 6 years. Other diagnostic measures were also administered (Diagnostic Interview for Children and Adolescents;

Wechsler Intelligence Scale for Children-Revised (short form); Children's Global Assessment Scale). The children were classified as "externalizing" (whose problem areas reflect conflicts with other people) and "internalizing" (whose problems reflect internal distress). The researchers found that children in the externalizing group, which included attention-deficit hyperactivity disorder (ADHD), oppositional disorder, or conduct disorder showed the greatest persistence of psychopathology over time.

Korenblum, Marton, Golombok, and Stein (1990) conducted an 8-year study, the Toronto Adolescent Longitudinal Study, which followed the progress of children from 10 to 18 years of age. They began with a non-clinical group of 72 randomly selected students (36 boys, 36 girls). After 8 years 59 subjects remained in the study (30 males, 29 females). While Korenblum et al. (1990) found that disturbed personality functioning could be identified throughout adolescence, they noted a tendency for the actual diagnoses to change over time. The group whose diagnoses tended to be most consistent was comprised of children and adolescents who had been diagnosed as paranoid, schizotypal or schizoid. During the course of the longitudinal study, the authors reported the following changes over time:

At age 13, disturbed adolescents tend to distribute themselves into two primary groups: the majority appear to be anxious or fearful, whereas a smaller segment are characterized by antisocial tendencies. At age 16, they distribute themselves quite differently: roughly one third are anti-social, another third fall into a mixed group of atypical and/or immature types, and there are smaller segments of odd, erratic, and anxious types. At age 18, the largest group falls into the histrionic, borderline, narcissistic cluster, whereas a significant minority retain a more diffuse, less well defined pattern ... For the anti-social cluster there was consistency from early to middle adolescence, but not from age 16 to 18 (Korenblum et al., 1990, p. 395).

The work of Korenblum et al. (1990) is consistent with findings from other studies (Toby, 1983; Quarles, 1993) which indicate that junior high students demonstrate the most aggressive behavior. However, it would appear that such behavior may be developmental in nature and not reflect a true personality disorder. If it was reflective of an established personality disorder, the number of adolescents receiving such a diagnosis would not be expected to decrease over time. However, the research findings indicate that although 30% of the 13 year-olds and 35% of the 16 year-olds were classified as having an "anti-social personality disorder", only 4% of 18 year-olds received this diagnosis (Korenblum et al., 1990). Most individuals from the anti-social

personality group were seen to drift towards the histrionic, narcissistic, and borderline cluster.

Some studies have related adolescent psychopathology and aggression to delays in ego development (Noam & Houlihan, 1990), and to children with externalizing problems (ADHD, ODD, CD) (Verhulst et al., 1993). Other studies found that diagnosis of psychopathology was very unstable, especially during later adolescence (Korenblum et al., 1990). As with most other issues in personality and development, research studies suggest that violent behavior appears to have both a learned component (Kurtz, Gaudin, Howing & Wodarski, 1993; Shearer, Peters, Quaytman & Ogden, 1990) and a genetic component (Cadoret & Stewart, 1991; Rutter, Macdonald, LeCouteur, Harrington, Bolton & Bailey, 1990). Some controversy exists whether childhood conditions such as ADHD, which may manifest in violent behavior are predictive of adult violence. The focus will now narrow to examine specific issues of adolescent psychopathology and violence.

### **Adolescent psychopathology and violence**

A survey of 6 studies in the area of adolescent psychopathology (McGee, Feehan, Williams, Partridge, Silva & Kelly, 1990) indicated that 14 to 22% of adolescents had characteristics indicative of psychopathology. A more recent Canadian study (Carter, 1998) utilized the Behavior Assessment System for Children (BASC) and a structured diagnostic interview based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) published by the American Psychiatric Association (1994). The sample consisted of 54 grade 7 to 9 males, from urban, suburban and rural locations, who were identified as being physically violent by school administrators. The BASC has three complimentary forms: the Teacher rating Scale, the Parent Rating Scale and the Self-Report of Personality (completed by the student). The BASC incorporates adaptive processes such as social skills and leadership skills, and provides a larger picture of the youth than by just using a personality questionnaire alone. The BASC also incorporates three validity scales to evaluate the truthfulness of the responses. As a recently standardized, norm referenced instrument the BASC scores provide comparisons to a well-established control group. This eliminates the need for a control group in the study, while still providing results that have generalizability. Structured interviews were also administered to half of the sample (parent, teacher and student).

The results of the study conducted by Carter (1998) indicate that students who have been identified as exhibiting violent behavior by administrator or teacher exhibit a variety of emotional symptomatology indicative of a degree

of psychopathology greater than that found in other studies of adolescents in general. Consistent with what would be expected, the BASC inventories completed by teachers and parents with respect to students who had been identified as "violent" revealed elevations in areas of Externalizing Problems and Conduct Problems. However, the students also received significantly elevated scores in terms of factors such as Depression, Attention Problems and School/Learning Problems. One implication of such a finding is that students who are seen to behave in a similar fashion (aggressive, violent and inappropriate) do so for a variety of reasons, and may not all benefit from similar intervention strategies.

It was also found that, as a group, students might be the least reliable raters. While mean T-Scores produced no elevations, individual students did produce profiles that showed areas of concern for them. Students tended to identify dissatisfaction with school and teachers and a thrill-seeking attitude as the major areas of concern.

In addition to the results identifying a variety of emotional problems for the group of students, there were also students with no DSM-IV diagnoses (except in the view of teachers). This reinforces an interactional view of violence in which the "perpetrator, the victim, their relationship, situational determinants, and cultural context must all be considered" (Evans & Evans, 1985). The results suggest that psychopathology is not a necessary prerequisite for violent behavior, nor is there one DSM-IV diagnostic category which tends to be primarily associated with adolescent violence. Other internal (personality) and environmental factors may also play an important part in violent behavior.

Another issue identified by the Carter (1998) study is that of comorbidity, with the majority of students having multiple areas of concern. This is consistent with results of studies which found that psychological problems tend to cluster together (e.g., Lorr & Strack, 1990) and that a high degree of comorbidity exists among individuals with acting out or antisocial behaviors (e.g., Abram & Teplin, 1991; Nurnberg, Raskin, Levine, Pollack, Siegel & Prince, 1991). To treat students who exhibit violent behavior in similar manner appears to be an overly simplistic approach to a complex problem.

The need for including psychological assessment and diagnosis when formulating intervention strategies to address school violence is supported by the results of this study. While school psychologists and counsellors may be reluctant to apply "labels", diagnosis does have its place. In school and community settings the tendency is to describe student by their behavior, for example violent. While three students may all be highly aggressive, on follow-up assessment one student may be seen as being depressed, one as being overly impulsive, and the third may qualify for a diagnosis of

*Table 1.* BASC-elevated scales for case study.

Teacher rating scale	Parent rating scale	Self report of personality
Hyperactivity	Hyperactivity	Sense of inadequacy
Aggression	Anxiety	Depression
Learning problems		Social stress
Attention problems		Self-esteem
Social skills	Social skills	Attitude towards teachers

*Table 2.* SIDAC-R results for case study.

SIDAC-R results	Teacher	Parent	Student
Major Depression	—	—	Yes
Dysthymic Disorder	—	—	—
Attention-Deficit Hyperactivity Disorders	Yes	Yes	Yes
Oppositional Defiant Disorder	Yes	—	Yes
Conduct Disorder	Yes	—	—
Separation Anxiety Disorder	—	—	—
Overanxious Disorder	—	—	Yes
Psychotic Symptomatology	—	—	—

Conduct Disorder. There is a need for research into treatment approaches and intervention strategies that will more effectively meet the needs of students who engage in violent behavior arising as a result of different etiology. For example cognitive behavioral interventions may be the treatment of choice for adolescents diagnosed as having Conduct Disorder (Feindler & Guttman, 1994) while a combination of pharmacotherapy and psychotherapy is often used for depression (Reynolds, 1995) and a wide range of interventions are used for impulse control disorders (Ollendick, 1995).

To illustrate the usefulness of conducting an assessment with violent students, the following case study is presented. Walter (a pseudonym), age 14 was in a grade 8 behavior improvement program. Areas of concern identified by the BASC are listed on Table 1, while results from the Structured Interview for the Diagnostic Assessment of Children-Revised (SIDAC-R) are presented in Table 2.

In examining the above results, Walter is seen by his teacher to exhibit aggression and symptoms of Conduct Disorder, while also showing many signs of Attention-Deficit Hyperactivity Disorder, learning problems and

poorly developed social skills. His parents agree with the concerns regarding Hyperactivity and social skills difficulty, but do not report aggression in the home environment. In looking at Walter's self-report, he identifies serious concerns with depression, self-esteem, social relationships and his relationship with teachers.

While acting out behaviors appear the most obvious at first examination, when considering the entire clinical profile, it appears that Walter may be a profoundly unhappy and insecure individual who exhibits his unhappiness through inappropriate behaviors.

A treatment plan for Walter should focus on the key issues identified in the assessment. It must be kept in mind that Walter's results may present a different view of the major areas of difficulties for him and that underlying psychopathology can not always be inferred from behavior. While Walter acknowledges his acting out behavior, he is also seen to strongly identify symptoms of depression, feelings of inadequacy and self-esteem difficulties. As both parent and teacher identify social skills weaknesses, a social skills group for adolescents would be one component of the treatment plan. Further exploration of the possibility of clinical depression for Walter is required. With concerns such as depression and ADHD psychopharmaceutical intervention may be warranted along with psychotherapy. Another component of the treatment plan for Walter is individual therapy. Cognitive behavioral techniques have been seen to be effective in the areas of depression and anger management and this may be the best therapeutic approach in working with Walter. Finally, the therapist should also work closely with both parents and school to ensure there is consistency in approaches used with Walter. It is possible that the parents may require their own support group or couples counselling to deal with the stresses of their son's behaviors.

The Carter (1998) study used children exhibiting violent behaviors in a school setting as the beginning for evaluation of personality characteristics and found a significant number and variety of psychological concerns for members of the group. One implication of this finding is that it may be helpful to focus on early intervention and monitor children more closely during pre-school and early elementary grades when patterns of behavior and underlying pathologies are beginning to express themselves. Instruments such as the BASC which have forms for children as young as 4 years of age can be of use in this pursuit.

The concept of student psychopathology needs to be incorporated as an additional variable in a comprehensive model designed to explore and address the phenomenon of school violence. These factors are presented in Table 3.

*Table 3.* Factors contributing to school violence (adapted from Carter, 1998).

Societal factors
• Media portrayal of violence
• Gender roles
• Labeling theory
• Social learning experiences
Community factors
• Separation of school and community
• Poverty and unemployment
• Lack of “belonging” to society
School factors
• School building and class size
• Expectations, rules and forms of discipline
Family factors
• Family violence, abuse and neglect
• Expectations, rules and forms of discipline
Relationship factors
• Relationship between parents, teachers and students
• Relationship with victim
• Situational determinants
• Peer group/gang membership
Personal Factors
• Social and problem solving skills
• Genetic influences
• Developmental factors
• Cognitive factors
• Neuropsychological factors
• Psychopathology

## Conclusion

Current research suggests that understanding and treating student violence in schools requires an approach that focuses on societal, community, school, family, relationship and personal factors. Students exhibiting violent behavior in a school setting exhibit a significant number and variety of psychological

concerns. It is important to include an assessment of psychopathology as a variable in developing intervention and treatment plans for students.

An implication of current research is the need for earlier identification and intervention during pre-school and early elementary school years. By the time students reach junior and senior high school behavioral patterns are much more fixed, and treatment becomes more difficult. Instruments such as the Behavior Assessment System for Children (BASC) which has forms for children as young as 4 years of age can be of use in this pursuit.

On the basis on literature reviewed and the recent study conducted by Carter (1998), the authors concur with The National Association of School Psychologists (NASP) *Position Statement on School Violence* (1997) which recognizes that violent behaviors are complex in origin and require multifaceted approaches. Identification of deficiencies (such as social skills training) or treatment programs is seen to be preferable to harsh discipline and zero tolerance policies. The need for violence prevention in the school context must be seen as a community need, and not one left only to the schools and school counsellors.

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